

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937687 FILING DATE

APPLICANT(S)

CLAIMS

-	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		3		3		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10	1		1			
11	1			1		
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TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS			20			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831